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COMMON CARRIER OF PROPERTY

APPLICATION FOR REINSTATEMENT - FEE \$100.00 (Excluding Yousehold Goods Carifers and Brokars)

(Per WAC 480-14-220)

10 months of the cancellation date of the permit. If over 10 months, you must submit Applications for Reinstatement of a Cancelled Common Carrier permit must be within a new application form.

Phone number: 541-571-0129 Fax Number: 541-922-3:368 Common Carrier # 59950 to be reinstated. 1304 1 ruching USDOT N: 911729 Crispin - Ponce McDonald Untiled Business Identifier Number (UBI): 603° 650_\circ Box 961 rispin Physical Address (if different): 1391 8 Q Sergio Trade Name(s), dba(s), if any:_ Business (Mailing) Address: Email address: Legal Name:

Type of Business Structure

Licensing Services.

PERCENTAGE OF SHARES (Condinidual Dispersion of Limited Liability Company Discretion State of Inc. 98948 DWART EMCORELLE Copyenish ub. ADDRESS rispin-buce NAME

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Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to SERGIO C PONCE, CRISPIN TRUCKING of PO BOX 961, TOPPENISH, WA 98948 a policy or policies of insurance effective from 08/01/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 4th day of August, 2015

Insurance Company File No. CA 02587626

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B